



**CITY OF RICHMOND, VIRGINIA
APPLICATION FOR TAX RELIEF FOR ELDERLY/DISABLED
TAX YEAR 2018**

FILING DEADLINE IS April 2, 2018

Name:

Parcel ID # or Address:

ELIGIBILITY REQUIREMENTS AND IMPORTANT INFORMATION

For Applicants Seeking Relief Because of Permanent and Total Disability:

- The applicant must be permanently and totally disabled as of December 31st of the preceding year. Certified proof of disability must be provided. Acceptable types of proof include a statement from Social Security Administration or a sworn affidavit by two medical doctors licensed to practice medicine in the Commonwealth of Virginia to the effect that the person is permanently and totally disabled.

For All Applicants:

- The applicant must be **at least 65 years old** or **permanently and totally disabled** by December 31st of the preceding year.
- The applicant **must reside on the property** and either be an owner or partial owner of the property as of January 1st of the taxable year.
- Gross combined income of applicant(s), the spouse, and relatives living in the house cannot exceed **\$50,000**.
- Combined financial worth (assets) of the applicant and spouse may not exceed **\$200,000**.
- The value of the house and up to one (1) acre of land is excluded from the financial worth calculation.
- All income of the owners and relatives must be included in the gross combined income; however, the first \$10,000 of income for the relatives' (other than the applicant/spouse) is excluded.
- A new application is required every three years. A signed certification form will be required annually to continue your tax relief status between applications. All significant changes to your income, net worth, or other conditions must be reported immediately.
- If a family member or any other individual is acting on the behalf of the applicant, a completed copy of the legal Power-of-Attorney is required in order to process the application.
- In the event that the applicant, co-applicant or co-owner is deceased (between January 1 and December 31, 2016), please include a copy of the Death Certificate or the date of death if applicable.

APPLICATION CHECKLIST

- _____ **1. Answer all questions and fill in spaces. If a question does not apply to you, write in "NONE", or "N/A".**
- _____ **2. Sign the affidavit on page 4. If a person is signing for the owner as Power-of-Attorney, please indicate this and include a copy of the Power-of-Attorney.**
- _____ **3. Ensure that the application is signed and dated. Without a valid signature the application is considered as incomplete.**

Please check the program for which you are applying: Tax Relief Tax Freeze

Please check the type of exemption for which you are applying: Elderly Disabled

APPLICANT (PROPERTY OWNER):

Last Name	First	Middle
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Birth Date (MM/DD/YY)	Social Security Number	Telephone
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SPOUSE (PROPERTY OWNER) or CO-OWNER:

Last Name	First	Middle
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Birth Date (MM/DD/YY)	Social Security Number	Telephone

NAME UNDER WHICH PROPERTY IS LISTED AND APPEARS ON THE TAX BILL:

Last Name	First	Middle
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Street Address of Property		
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Is this dwelling occupied by the applicant as his/her sole dwelling? YES NO

Is the applicant owner or partial owner, life estate? YES NO

If partial ownership, explain how the ownership is legally held and the proportion owned by the applicant.

FOR OFFICE USE ONLY

INCOME: _____	NET WORTH: _____
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List the name, relationship, age and social security number of each relative other than the applicant(s) who occupies the dwelling for which the exemption is being sought.

Name	Relationship	Age	Social Security Number

Enter the **gross income before deductions from all sources, as of December 31, 2017**, of the applicant, spouse, co-owner(s) and their spouse(s), and all other relatives living in the dwelling. *List each person's income separately.* Use additional sheets if necessary.

COPIES OF PROOF OF ALL INCOME MUST BE FURNISHED.

GROSS INCOME	DOCUMENTATION	APPLICANT	SPOUSE/ CO-OWNER	RELATIVE
Salaries, Wages, etc.	W-2, 1099	\$	\$	\$
Pensions	1099-R	\$	\$	\$
Social Security	SSA-1099	\$	\$	\$
Interest Received	1099-INT	\$	\$	\$
Dividends Earned	1099-DIV	\$	\$	\$
Rents (Received)	Schedule E	\$	\$	\$
Public Assistance	Cola Notice	\$	\$	\$
Child Support		\$	\$	\$
Alimony		\$	\$	\$
Gifts Received (Written Statement)		\$	\$	\$
Capital Gains	Schedule D	\$	\$	\$
Business Income	Schedule C, F	\$	\$	\$
Other Sources (Written Statement)		\$	\$	\$
Subtotal		\$	\$	\$
DEDUCT \$10,000 FROM EACH <u>RELATIVE'S</u> TOTAL INCOME				\$ (\$10,000 each)
TOTAL				\$
TOTAL Gross Combined Income of the Applicant, Spouse, Co-Owner & Others				\$

IF THE ABOVE TOTAL EXCEEDS \$50,000  YOU DO NOT QUALIFY THIS YEAR.

Note:

A varying amount of funding is appropriated for tax relief each year. In the event that the total amount of all approved tax relief applications exceeds this amount, each approved application could have a pro rata reduction as may be necessary to balance the total tax relief appropriation.

Please complete the following statement of net financial worth, as of December 31, 2017, for the applicant, spouse, co-owner (s) and their spouse (s). Exclude the value of the dwelling and up to one (1) acre of un-subdivided land upon which it is situated. Include any additional subdivided lots as assets. Use additional sheets if necessary. *Where there is nothing to report, enter "0."*

COPIES OF PROOF OF ASSETS MUST BE FURNISHED.

<u>VALUE OF ASSETS AS OF DECEMBER 31, 2017</u>	<u>DOCUMENTATION</u>	<u>APPLICANT</u>	<u>SPOUSE/CO-OWNER</u>
Real Estate (In Richmond, other than residence)	Assessment	\$	\$
Real Estate (Outside of Richmond)	Assessment	\$	\$
Personal Property (Auto)	Registration Card	\$	\$
Savings Account(s)	Account Statement	\$	\$
Checking Account(s)/Money Market Accounts	Account Statement	\$	\$
Stocks, Mutual Funds & Bonds	Account Statement	\$	\$
IRA's, Thrift Accounts, Annuities & 401K Plans	Account Statement	\$	\$
Life Insurance (Cash Value)	Account Statement	\$	\$
Certificates of Deposit	Account Statement	\$	\$
Other Assets (Mortgages, Burial Plots, etc.)	Written Statement		\$ \$
Total		\$	\$
Total Combined Value of Assets of Applicant and Spouse/Co-Owner			
\$			

IF THIS TOTAL EXCEEDS \$200,000  YOU DO NOT QUALIFY THIS YEAR.

Any balance due must be paid by January 16th/June 14th in order to retain the tax relief credit.

Failure to remit the balance due on or before January 16th/June 14th of the year for which the tax relief is issued shall void the tax relief and will result in the full tax amount being due and other penalty and interest charges may apply.

Applicant's Certification

I certify, under the penalties provided by law, that this application for Real Estate Tax Relief for the Elderly or Permanently Disabled, including any accompanying schedules or statements, to the best of my knowledge and belief is true, correct and complete.

Any person(s) falsely claiming this exemption shall be guilty of a misdemeanor. Any person(s) convicted of falsely claiming such exemption shall be punished by either a fine not exceeding one thousand dollars (\$1,000) or confinement in jail not exceeding twelve (12) months, or both.

Applicant's Signature (Property Owner)	Date
Spouse's Signature (Co-owner)	Date